



CACFP Enrollment Form

09

(Not required for Outside-School-Hours & Special After School Snack Programs)

Child's Name: _____

Days in Care: Circle all that may apply:

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Hours my child is in care: _____ AM to _____ PM

If the hours are varied, please explain:

**The meals my child will normally receive are:
(Circle all that may apply.)**

Breakfast

AM Snack

Lunch

PM Snack

Supper

Evening Snack

Parent/Guardian Signature

Date